

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Rule making related to rural health and primary care

The Public Health Department hereby amends Chapter 110, “Center for Rural Health and Primary Care,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code sections 135.107 and 135B.33.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code sections 135.107 and 135B.33.

Purpose and Summary

These amendments, which are in response to statutory changes enacted in 2017 Iowa Acts, House File 393, division III, sections 13 to 15, do the following:

1. Remove the definitions for “area health education center (AHEC),” “community grant program,” “primary care collaborative work group,” and “primary care provider community scholarship program.”
2. Change the name of the grant program provided under the primary care provider recruitment and retention endeavor (PRIMECARRE) from the “community grant program” to the “health care workforce and community support grant program.”
3. Make minor technical corrections to the duties and organization of the members of the advisory committee to the center for rural health and primary care and how often the committee meets.
4. Establish a flexible application process based on the Department’s strategic plan to be used by the center for rural health and primary care to establish a grant assistance program.
5. Add that the community or region must document its participation in the required community health services health assessment process.
6. Change the award limitations to allow grant awards to rural, underserved areas or special populations as identified by the Department’s strategic plan or evidence-based documentation.
7. Change the applicant’s matching fund requirement from “dollar-for-dollar match” to an optional match.
8. Remove the PRIMECARRE Primary Care Provider Community Scholarship Program.
9. Clarify that the health care provider will provide one year of obligated service in exchange for each year of loan repayment, unless federal requirements otherwise require.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on June 6, 2018, as **ARC 3815C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the State Board of Health on September 12, 2018.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department's variance and waiver provisions contained in 641—Chapter 178.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on November 14, 2018.

The following rule-making actions are adopted:

ITEM 1. Amend rules 641—110.1(135) to 641—110.6(135) as follows:

641—110.1(135) Purpose and scope. The following rules developed by the department of public health govern the organization of the center for rural health and primary care within the bureau of oral and health delivery systems of the department of public health.

641—110.2(135,135B) Definitions.

~~“Area health education center (AHEC)” means the linking of university health centers with community-based delivery systems in order to improve delivery of health care.~~

“Center for rural health and primary care” means the department of public health administrative entity that is responsible for provision of technical planning assistance to rural communities and counties, administration of a comprehensive primary care provider recruitment and retention endeavor, coordination of services to provide research of rural occupational health injuries and hazards, and coordination with the following: the center for agricultural health and safety, the center for health effects of environmental contamination, and the department of agriculture and land stewardship.

“Center for rural health and primary care advisory committee” means a group of individuals appointed by the governor, department directors and the Iowa legislature whose purpose is to provide advice and make recommendations on rural health issues to the center for rural health and primary care, department of public health.

~~“Community grant program” means a program that provides assistance in the form of a forgivable loan, grant, or other nonfinancial assistance to communities, to support the effort of a community which is part of the community’s long-term community health services assessment and developmental plan.~~

“Community health services assessment and developmental plan” means a comprehensive health services assessment and plan which has been developed through a ~~community-wide~~ communitywide collaborative effort of public and private entities, including citizens at large, located in rural communities.

“Department” means the Iowa department of public health.

“Director” means the director of the department of public health.

“Health care workforce and community support grant program” means a program that provides assistance in the form of a forgivable loan, grant, or other nonfinancial assistance to communities to support the effort of a community and that is part of the community’s long-term community health services assessment and developmental plan.

~~“Primary care collaborative work group” means a group of individuals who, at a minimum, represent the following entities, who are responsible for coordination of all statewide recruitment and retention activities and for recommendations related to the implementation of the primary care provider recruitment and retention endeavor (PRIMECARRE): University of Iowa college of medicine, University of Osteopathic Medicine and Health Sciences, University of Iowa physician assistant school, University of Iowa nurse practitioner school, University of Osteopathic Medicine and Health Sciences physician assistant program, Iowa-Nebraska primary care association, Iowa medical society, Iowa osteopathic medical association, Iowa chapter of American college of osteopathic family physicians, Iowa academy of family physicians, nurse practitioner association, Iowa nurses association, Iowa hospital association, and Iowa physician assistants association.~~

~~“Primary care health professional” means an individual who is providing primary health services, and is licensed to practice in the state of Iowa.~~

~~“Primary care provider community scholarship program” means a scholarship program that provides obligated service scholarships to eligible health professional students for qualifying educational expenses incurred to obtain the credentials in that profession in return for providing primary care services in health professional shortage areas in the state.~~

~~“Primary care provider loan repayment program” means a loan repayment for qualifying loans to eligible health professionals who choose to establish practices in designated health professional shortage areas of the state.~~

~~“Primary care provider recruitment and retention endeavor (PRIMECARRE)” or “PRIMECARRE” means a comprehensive primary health care initiative to promote and assist which promotes and assists local efforts in developing health care provider recruitment and retention programs; and which includes a community health care workforce and community support grant program; and a primary care provider loan repayment program; primary care provider community scholarships, and area health education centers.~~

~~“Primary health services” means health services regarding family practice, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health that are provided by physicians or other health professionals.~~

641—110.3(135) Responsibilities of the center.

110.3(1) The center for rural health and primary care shall provide technical planning assistance to rural communities and counties exploring innovative means of delivering rural health services through community health services assessment, planning, and implementation, including but not limited to hospital conversions, cooperative agreements among hospitals, physician and health practitioner support, recruitment and retention of primary health care providers, public health services, emergency medical services, medical assistance facilities, rural health care clinics, and alternative means which may be included in the long-term community health services assessment and developmental plan.

110.3(2) The center for rural health and primary care shall encourage collaborative efforts of the local boards of health, hospital governing boards, and other public and private entities located in rural communities to adopt a long-term community health services assessment and developmental plan.

110.3(3) The center for rural health and primary care shall provide technical assistance to assist rural communities in improving Medicare reimbursements or establishing additional sources of funding through initiatives such as rural health clinics, distinct part skilled nursing facility beds, and the swing-bed program.

110.3(4) The center for rural health and primary care shall coordinate services to provide research for the following:

- a. Examination of the prevalence of rural occupational health injuries in the state.
- b. Assessment of training and continuing education available through local hospitals and others relating to diagnosis and treatment of diseases associated with rural occupational health hazards.
- c. Determination of continuing education support necessary for rural health practitioners to diagnose and treat illnesses caused by exposure to rural occupational health hazards.

d. Determination of the types of actions that can help prevent agricultural accidents, surveillance and reporting of disabilities suffered by persons engaged in agricultural-related injuries and diseases in the state.

e. Identifying causal factors associated with agricultural-related injuries and diseases; and indicating the effectiveness of intervention programs designed to reduce injuries and diseases.

~~110.3(5) f. Cooperation~~ The center for rural health and primary care shall cooperate with the center for agricultural health and safety, the center for health effects of environmental contamination and the department of agriculture and land stewardship, to coordinate programs to the extent practicable.

~~110.3(5)~~ 110.3(6) The center for rural health and primary care shall administer grants for farm safety education efforts directed to rural families for the purpose of preventing farm-related injuries to children.

~~110.3(6)~~ 110.3(7) The center for rural health and primary care shall administer ~~a primary care provider recruitment and retention endeavor (the PRIMECARRE).~~

a. PRIMECARRE shall include the following:

(1) A health care workforce and community support grant program.

(2) A primary care provider loan repayment program.

b. PRIMECARRE shall promote and accommodate local creativity in efforts to recruit and retain health care professionals to provide services in the locality. The focus shall be on developing health care provider recruitment and retention programs.

c. The center for rural health and primary care may enter into an agreement with the college student aid commission for the administration of the center's grant and loan repayment program.

~~110.3(7)~~ The department of public health shall, in cooperation with the primary care collaborative work group, coordinate the initiative for the development of area health education centers, including making application for a federal grant.

641—110.4(135) Advisory committee to the center for rural health and primary care.

110.4(1) The purpose of the advisory committee is to provide advice and make recommendations on rural health issues to the center for rural health and primary care, department of public health.

110.4(2) The advisory committee ~~will~~ may provide the expertise and technical assistance necessary to review and recommend policies pertinent to rural health issues, as well as guidelines for grants and other programs of the center for rural health and primary care.

~~110.4(3)~~ The advisory committee will review reports prepared for the general assembly and make recommendations regarding the reports compiled.

~~110.4(4)~~ **110.4(3)** The advisory committee ~~will~~ may evaluate new care delivery concepts arising to meet the needs of the rural population.

641—110.5(135) Organization. The advisory committee to the center for rural health and primary care shall consist of one representative, approved by the respective agency, of each of the following agencies: the department of agriculture and land stewardship, the Iowa department of public health, the department of inspections and appeals, ~~the~~ a national or regional institute for rural health policy, ~~the social and behavioral research center for rural health,~~ the institute of agricultural medicine and occupational health, and the Iowa state association of counties. The governor shall appoint two representatives of consumer groups active in rural health issues and a representative of each of two farm organizations active within the state, a representative of an agricultural business in the state, a practicing rural family physician, a practicing rural physician assistant, a practicing rural advanced registered nurse practitioner, and a rural health practitioner who is not a physician, physician assistant, or advanced registered nurse practitioner, as members of the advisory committee. The advisory committee shall also include as members two state representatives, one appointed by the speaker of the house of representatives and one by the minority leader of the house, and two state senators, one appointed by the majority leader of the senate and one by the minority leader of the senate.

641—110.6(135) Meetings.

110.6(1) ~~Meeting dates~~ Meetings. The advisory committee shall meet at least ~~quarterly~~ semiannually to conduct its business. Meetings can be scheduled as business requires, but notice to committee members must be at least five working days prior to the meeting date. The administrative head of the center for rural health and primary care and the director of the center for agricultural health and safety shall attend these meetings.

110.6(2) ~~Meeting procedures.~~ Robert's Rules of Order shall govern at all meetings.

110.6(3) 110.6(2) Quorum. A majority of the total membership shall constitute a quorum. Action can be taken by a vote of the majority of the membership.

110.6(4) 110.6(3) Vacancies. Vacancies will be filled in the same manner as ~~was~~ is prescribed in the ~~Code of Iowa Code~~. In the case of a vacancy, the chairperson will notify the agency of the need to appoint another representative.

110.6(5) 110.6(4) Term of appointment. Unless otherwise specified by law, term of appointment is for two years with no more than three consecutive terms, excepting the department of public health representative. Exceptions for individual reappointment from organizations represented shall be determined by the director of public health.

110.6(6) 110.6(5) Subcommittees. The advisory committee for the center for rural health and primary care may designate one or more subcommittees to have such powers and perform such duties as may be deemed necessary by the committee.

ITEM 2. Amend the heading preceding rule **641—110.11(135)** as follows:

PRIMECARRE COMMUNITY HEALTH CARE WORKFORCE AND COMMUNITY SUPPORT GRANT PROGRAM

ITEM 3. Amend rule 641—110.11(135) as follows:

641—110.11(135) Purpose. The purpose of the PRIMECARRE ~~community health care workforce and community support~~ grant program is to support community efforts which are part of the community's long-term community health services assessment and developmental plan. The application process is based upon the department's strategic plan. A community or region applying for assistance must complete a community health services assessment and adopt a long-term developmental plan. The community may request assistance with the assessment from the ~~center for rural health and primary care department~~. The ~~long-term developmental~~ community's or region's plan shall include, to the extent possible, a clear commitment to informing high school students of the health care opportunities which may be available to such students. The grant assistance may be in the form of a forgivable loan, grant, or other nonfinancial assistance as deemed appropriate by the center for rural health and primary care. Grants or other assistance provided by the center are intended to promote and accommodate local creativity in efforts to recruit and retain health care professionals to provide services in the locality. Notice of the availability of these public funds shall be published in the Iowa Administrative Bulletin in accordance with 641—Chapter 176.

110.11(1) Eligibility. The following requirements must be met in order to be eligible for the program:

~~a. The applicant must be a single community with a population of 10,000 or less, or a region consisting of communities with populations of 10,000 or less, respectively.~~

~~b. a.~~ The community or region must have illustrated efforts to meet the health care provider needs of the locality and surrounding area.

~~c. b.~~ The community or region must have completed a community health services assessment and adopted a long-term developmental plan as established herein.

~~d. c. A letter of intent must be submitted by January 1 preceding the year for which application for assistance is to be made~~ Participation in a community health services assessment process shall be documented by the community or region.

110.11(2) Funding limitations. Grants awarded under the program shall be ~~subject to the following limitations:~~ awarded to rural, underserved areas or special populations as identified by the department's strategic plan or evidence-based documentation.

~~a. An award of no more than \$10,000 for a single community or region with a population of 10,000 or less.~~

~~b. An award of no more than \$1 per capita for a region in which the population exceeds 10,000.~~

110.11(3) Use of funds. Funds may be used for the following:

- a. The procurement of clinical equipment, clinical facilities, and telecommunications facilities.
- b. Support for locum tenens arrangements and primary care provider mentor programs.
- c. Other capacity-building activities as they relate to recruitment and retention of primary health care providers.

110.11(4) Matching requirements funds. Applications submitted shall ~~contain a commitment of at least a dollar-for-dollar match of~~ may contain a commitment of matching funds for the grant assistance.

110.11(5) Application process. Applicants for grant funds must complete application forms provided by the department. Application materials shall be made available by the department at least 45 days prior to the application due date. Grant applications will be issued in accordance with 641—Chapter 176.

110.11(6) Selection criteria and review process. Selection criteria will be based on illustrated efforts to meet the health care provider needs of the locality and surrounding area. Selection criteria and the process for evaluation of applications shall be described in the application materials provided by the department. A competitive grant application review committee shall be appointed by the administrative head of the center for rural health and primary care. Grants will be awarded according to review criteria developed by the center, in accordance with 641—Chapter 176.

110.11(7) Notice of grant award. ~~The director of public health~~ department shall notify all applicants ~~in writing~~ of the decision of grant awards.

110.11(8) Appeals. Applicants with a denied request for funding may appeal the decision of grant awards. The appeal shall be made in writing to the director, Iowa department of public health, within 10 days of the notification date of the grant awards decision. The appeal shall be mailed by certified mail, return receipt requested, or delivered by personal service. The decision of the director of public health becomes the department's final action and shall be sent by certified mail, return receipt requested, or delivered by personal service within 14 days of the receipt of the appeal.

110.11(9) Grantee oversight. The department shall monitor the use of funds granted to communities to ensure accountability and conformance with legislative intent. Oversight processes shall be described in the application materials provided by the department.

ITEM 4. Rescind the heading for the PRIMECARRE Primary Care Provider Community Scholarship Program preceding rule **641—110.16(135)**.

ITEM 5. Rescind rule **641—110.16(135)**.

ITEM 6. Renumber rule **641—110.21(135)** as **641—110.16(135)**.

ITEM 7. Amend renumbered subrule 110.16(1) as follows:

110.16(1) Health care professional eligibility. The following requirements must be met by health care professionals in order to be eligible for the program:

a. The status of the health care professional's citizenship must meet requirements of the National Health Service Corps loan repayment program.

b. The health care professional must be licensed or certified to practice in the state of Iowa as a primary care health professional as defined in 641—110.2(135) and approved by the state for purposes of program priorities and requirements. Physicians must have completed a primary care residency and be board-eligible or board-certified.

c. The health care provider must possess evidence of a contractual agreement to practice full-time at a site in a designated shortage area within the state and approved by the state for the minimum number of years required by federal programs providing support for the program.

d. The health care provider shall provide one year of obligated service in exchange for each year of loan repayment, unless federal requirements otherwise require.

~~d. e.~~ The health care provider must agree to comply with all contract provisions and the rules and regulations as promulgated by the department.

~~e. f.~~ The health care provider must possess a license that is not restricted by a medical regulatory authority of any jurisdiction of the United States, other nations, or territories.

~~f. g.~~ The health care professional must be eligible under Section 338B of the Public Health Service Act as amended November 16, 1990, by Public Law 101-597.

~~g. h.~~ The health care provider must agree to provide full-time primary health care services at a clinical site in a designated health professional shortage area.

~~h. i.~~ The health care provider must agree not to discriminate on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in Title XVIII (Medicare) of the Social Security Act, or pursuant to the program established in Title XIX (Medicaid) of such Act.

~~i. j.~~ The health care provider must agree to accept assignment under Section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under Part B of Title XVIII and to enter into an appropriate agreement with the state agency that administers the state plan for medical assistance under Title XIX of such Act to provide service to individuals entitled to medical assistance under the plan.

~~j. k.~~ The health care provider must complete an application form provided by the Iowa department of public health.

ITEM 8. Amend renumbered subrule 110.16(7) as follows:

110.16(7) *Contract oversight and administration.* The department of public health shall establish and enforce the terms of the contract, including implementation of any methods, e.g., legal action, that may be necessary to recoup loan repayment funds in the event of failure on the part of a program recipient to fulfill the terms and conditions of the contract. The department shall take into consideration mitigating circumstances which may prohibit a recipient from fulfilling the recipient's contractual obligation or for whom fulfilling the obligation would cause undue hardship. The department of public health shall also provide for cancellation of contracts for reasonable cause to be determined by the department, unless federal requirements otherwise require.

ITEM 9. Amend **641—Chapter 110**, implementation sentence, as follows:

These rules are intended to implement Iowa Code ~~section~~ sections 135.107 and 135B.33.

[Filed 9/13/18, effective 11/14/18]

[Published 10/10/18]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 10/10/18.